

The Chiles Academy/Vision H.R.

Employment Application

The Chiles Academy and Vision H.R. are equal opportunity employers. They comply with all State, Federal, and other laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. The Chiles Academy/Vision H.R. is a Drug-Free Workplace. Under the provisions of Sec. 440.102, Fl. Stats., applicants for certain positions and employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

Please print or type

Position Applied For: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: (Daytime) _____ (Night) _____

Social Security Number: _____

Have you been employed here before? Yes ☐ No ☐

Are you legally eligible for employment in this country? Yes ☐ No ☐

Date available for work _____

Type of employment desired: Full time ☐ Part time ☐ Temp ☐ Seasonal ☐

Have you been convicted of a felony in the last seven (7) years? _____

If yes, please explain: _____

Do you have a current state of Florida driver's license? Yes ☐ No ☐

Work Experience: List current and former employers, beginning with the most recent:

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ _____ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ per	

Skills and Qualifications

Please summarize any training, languages, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Record of Education:

High School (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:
College (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:
Other (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:

Personal References:

Please list the name, address and telephone number of three references other than relatives or prior employers:

Name and Address:	Phone Number:	Years Known:
Name and Address:	Phone Number:	Years Known:
Name and Address:	Phone Number:	Years Known:

All applicants, please read:

I hereby certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or on a resume, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize the employers to obtain information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the employers reserve the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employers, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that the employers will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work. I also understand that this is a Drug-Free Workplace, and that applicants for certain positions and all employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

Applicant's Signature: _____ Date: _____